



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**OFFICE OF TAX AND REVENUE**  
Recorder of Deeds - 515 D Street NW Washington, DC 20001 Phone (202) 727-5374

**CLAIM FOR REFUND**

**DATE:** \_\_\_\_\_

**Property Description: Square(s)** \_\_\_\_\_ **Lot(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Instrument No.** \_\_\_\_\_ **Date Recorded** \_\_\_\_\_

**Taxpayer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number (Day):** \_\_\_\_\_ **(Eve):** \_\_\_\_\_

Amount Paid:      Recordation Tax \$ \_\_\_\_\_

                                 Transfer Tax      \$ \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Refund Claimed: Recordation Tax \$ \_\_\_\_\_

                                 Transfer Tax      \$ \_\_\_\_\_

**EXPLANATION OF CLAIM**

**(Please indicate your reason(s) and attach any evidence you may have to support your claim. You may add attachments if more space is needed.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, first being duly sworn on oath, deposes and says that I am the person who paid the tax herein claimed and that I am lawfully entitled to the refund claimed. And, further hereby affirms under penalty of law that the above statement and representations are true and correct.

Signature of Claimant(s) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

[Notary Seal]

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Official Use Only**

Claim received by: \_\_\_\_\_ Date: \_\_\_\_\_

Claim Action (Granted) \_\_\_\_\_ (Denied) \_\_\_\_\_ Date: \_\_\_\_\_

Auditor: \_\_\_\_\_ Approved by: \_\_\_\_\_